

CARRYOVER FUND REPORTING FORM

Year of Election: _____

NOTE: The carryover fund reports of a person who ran for school district, township, municipal, or county office are required to be filed with the **county clerk** of the county in which the election was held. The carryover fund reports of a person who ran for state or district office are required to be filed with:

Charlie Daniels, Secretary of State
 State Capitol, Room 026
 Little Rock, AR 72201
 Phone (501) 682-5070
 Fax (501) 682-3408

For assistance in completing this form contact:
 Arkansas Ethics Commission
 Post Office Box 1917
 Little Rock, AR 72203-1917
 Phone (501) 324-9600
 Toll Free (800) 422-7773

Check if this report is an amendment

| Officeholder/Candidate Information | (file stamp) |
|--|--------------|
| 1. Name of Officeholder/Candidate | |
| Address | |
| City, State, and Zip | |
| Office | |
| Phone Number District Number | |
| 2. Type of Report: (check only one) This report covers what period? (___/___/___) through (___/___/___) | |
| <input type="checkbox"/> First Quarter (due April 15) <input type="checkbox"/> Fourth Quarter (due January 15) <input type="checkbox"/> Second Quarter (due July 15) <input type="checkbox"/> Annual Report for Calendar Year _____ (due January 31) <input type="checkbox"/> Third Quarter (due October 15) <input type="checkbox"/> Closing Out of Carryover Account | |
| A quarterly report is due if you have expended in excess of \$500 since your last report concerning carryover funds. No report is required in any calendar quarter in which you have not exceeded the cumulative expenditure limit of \$500 since your last report. An annual report is not required if you have filed at least one quarterly report during the calendar year. A person is required to file a report for the calendar quarter in which he or she transfers carryover funds to his or her active campaign fund. | |

| SUMMARY | FOR REPORTING PERIOD | YEAR-TO-DATE |
|--|----------------------|--------------|
| 3. Balance of carryover funds at beginning of reporting period | | |
| 4. Interest (if any) earned on carryover account | | |
| 5. Total expenditures (enter amount from line 10) | | |
| 6. Balance of carryover funds at close of reporting period | | |

I certify that I have examined this Report, and that to the best of my knowledge and belief it is true, correct, and complete.

Signature of Officeholder/Candidate

Sworn to and subscribed before me, a Notary Public, in and for _____ County, Arkansas, on this _____ day of _____, 20_____.

Signature of Notary

My Commission Expires: _____

Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.

The law provides for a maximum penalty of \$1,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of Ark. Code Ann. § 7-6-201 through § 7-6-226. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

